

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>101.81</u>	2. Fiscal Year Covered From:  1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing.  Name John E Slatery  P.O. Box, Bldg., Room No., if any  Street 25 Louisiana Avenue, NW  City Washington  State District of Columbia ZIP Code + 4 20001	4. Name, file number, and address of labor organization.  Name International Britherood of Teamsters  Labor Organization File Number 000093  P.O. Box, Building and Room Number, if any  Street 25 Louisiana Avenue, NW  City Washington  State District of Columbia ZIP Code + 4 20001
5. Position in labor organization. Director, Benefits Department	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.          7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed <u>John Slatery</u>	On <u>8-16-05</u> <u>202-624-8793</u> Date Telephone Number

Name of Person Filing	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name United American Insurance Company</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any 8080</p> <p>Street 3700 S. Stonebridge Drive</p> <p>City McKinney</p> <p>State Texas ZIP Code + 4 75070</p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name IBT Voluntary Employee Benefit Trust</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 25 Louisiana Avenue, NW</p> <p>City Washington</p> <p>State District of Columbia ZIP Code + 4 20001</p>	<p>11.a. Nature of such dealing.</p> <p>Health Insurance for Retired members &amp; spouses</p>
	<p>11.b. Approximate dollar value of such dealing. \$18,000,000</p>
	<p>12.a. Nature of interest held or income received.</p> <p>Holiday gift of Omaha Steaks in 12/04: \$89</p>
	<p>12.b. Amount. \$89</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

**1. Article Addressed to:**

U.S. Department of Labor  
Employment Standards Admin.  
Office of Labor-Management  
Standards  
200 Constitution Avenue, NW  
Room N-5616  
Washington, DC 20210

**2. Article Number** 7000 1670 0002 4823 1807*(Transfer from service label)***COMPLETE THIS SECTION ON DELIVERY****A. Signature**

X

☐ Agent☐ Addressee**B. Received by (Printed Name)****C. Date of Delivery****D. Is delivery address different from item 1?** ☐ YesIf YES, enter delivery address below: ☐ No**3. Service Type**☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.**4. Restricted Delivery? (Extra Fee)**☐ Yes